Name In Full Alberta Blake

Certificate of Death

Died at near Town Goltz County Kent MARYLAND

Date	Month	Day	Age Y. M. D.	Native of	Occupation
1900	8	15	17	maryland	Housework

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name George Blake

Mother's Name Lizzie Blake

Cause of Death

Primary Typhoid Fever

How long sick about 3 weeks

Immediate

Accident, Suicide, Homicide

Reported by Dr. W. H. Jacobs

Address Millington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79998

Attended by Dr.____________________

of____________________

Seen by Coroner____________________

of____________________

Information contained in this ce[illegible]re-

ceived from____________________

of____________________

Name in Full Henrietta Blake

Certificate of Death

Died at Town Shelford County Kent Co MARYLAND

Date 1900 Month 8 Day 31 | Age Y. 78 M. 6 D. 5 | Native of Md | Occupation wfe

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Ezekial Blake

Father's Name

Mother's Name

G 7 120

Cause of Death: Primary Chronic Parenchym. Nephritis | ~~How~~ long sick 2 yrs

Immediate Oedema lungs | ~~Accident, Suicide, Homicide~~

Reported by Dr. H F Pyfer

Address Locust Grove Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full J. Fletcher Cain

Certificate of Death

Died at Town Kennedyville County Kent MARYLAND

Date 1906 Month Aug Day 5 Age Y. 25 M. 7 D. 19 Native of Maryland Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Major Cain Mother's Name Mary Elizabeth James

Cause of Death
Primary Grippe 10 D How long sick 6 Months
Immediate Heart Failure & Bright's Disease ~~Accident, Suicide, Homicide~~

Reported by G. I. Barrick M.D.

Address Kennedyville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~LIBRARY BUREAU, 79706~~

Name in Full — Certificate of Death

Ola Gertrue Collyer

Died at — Town: Rock Hall — County: Kent Co — MARYLAND

Date 1900 — Month: Aug. — Day: 11 — Age: Y. — M. 2 — D. 14 — Native of: Kent Co — Occupation:

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living —

Husband of Wife

Father's Name: Samuel Collyer — Mother's Name: Gertrue Pinkine

Cause of Death — Primary: Pneumonia — 93 — How long sick: 2 weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Walter O. Selly MD

Address: Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Emeline Chaney. Certificate of Death

Died at Town Big Woods, County Kent MARYLAND

Date ~~19~~ 1909 Month 8 Day 23 Age Y. 74 M. — D. Native of Md. Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Daniel Chaney.

Father's Name Washington Stewart Mother's Name Sarah Stewart.

How long sick

Cause of Death Primary 27

Immediate Consumption ~~2/20~~

Accident ~~Suicide Homicide~~

Reported by J. Horton Kelley, M.D.

Address Kennedyville Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full | Certificate of Death

Martin Luther Chase

Died at Still Pond (Town) Kent (County) MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1900	Aug	11	9	9	2	Md	—

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ N~~umber of children living~~

Husband / Wife of —

Father's Name: Abraham Chase

Mother's Name: Alberta Fountain

Cause of Death: Primary: Phthisis 27

Immediate:

How long sick: 2 weeks.

~~Accident, Suicide, Homicide~~

Reported by W. S. Maxwell,

Address Still Pond, Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Name in Full **Henry Cooney Jr.** — Certificate of Death

Died at (Town) **Morgnec**, (County) **Kent**, MARYLAND

Date ~~189~~ **1900.** Month **Aug.** Day **7** | Age Y. **75** M. D. | Native of **Md.** | Occupation **Laborer.**

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living **None.**

Husband of V[redacted] **Sarah Rice.** **169**

Father's Name — Mother's Name ~~1111~~

Cause of Death: Primary **Sun Stroke** — How long sick **18 mos.**

Immediate **Paralysis** — Accident, Suicide, Homicide

Reported by **J. Horton Kelley, M.D.**

Address **Kennedyville Kent Co., Md.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Walter Coursey

Died at Town Chestertown County Kent MARYLAND

Date 1906	Month Aug.	Day 2nd	Age Y. 27. M. D.	Native of Maryland	Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband ~~Wife~~ of Mollie Sheppard 27

Father's Name

Mother's Name ~~[illegible]~~

Cause of Death { Primary Pulmonary tuberculosis
Immediate Exhaustion

How long sick 8 months

Accident, Suicide, Homicide

Reported by J. H. G. Simpers M. D.

Address Chestertown Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Andrew A. Crew

Certificate of Death

Died at Town Still Pond County Kent MARYLAND

Date 1900 Month Aug Day 14 Age Y. 0 M. 11 D. 9 Native of Kent Occupation ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced ——

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ——

Husband of Wife ——

Father's Name Alexander Crew Mother's Name Annie Atwell

Cause of Death Primary ~~Cholera Infantum~~ How long sick 1 day

Immediate ~~Cholera Infantum~~ Inflammation

Accident, Suicide, Homicide

Reported by Jas W. Urie ~~M.D.~~ 105

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Davis

Certificate of Death

Died at Rock Hall (Town) Kent (County) MARYLAND

Date ~~189~~ 1900 Month Aug. Day 19 | Age Y. 78 M. D. | Native of Md. | Occupation Undertaker

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife Amelia Copper

Father's Name — Mother's Name — 154

Cause of Death: Primary Senility — Immediate 141

How long sick 12 months

~~Accident, Suicide, Homicide~~

Reported by F. B. Wilson

Address Edesville - Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Frank Donohue Certificate of Death

Died at Town Massey County Kent MARYLAND

Date 1900 Month Augt. Day 7 Age Y. M. 10 months D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living None

~~Husband~~ of ~~Wife~~

120

Father's Name James Mother's Name Mary E

Cause of Death Primary Immediate Cholera Infantum How long sick 10 days

~~Accident, Suicide,~~ Homicide

Reported by J. C. Hackett

Address Millington Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Shade W. Dudley

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date 1900 Month Day Aug't. 28 Age Y. 45 M. D. Native of Md Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Nu~~mber of children livin~~g

~~Husband of~~

~~Wife~~

Father's Name William

Mother's Name Lizzie

Cause of Death Primary Tuberculosis

Immediate

How long sick 13 weeks

~~Accident~~, S~~uicide~~, Ho~~micide~~

Reported by J. C. Hackett ~~7 1/2 3~~ 27

Address Millington, Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Andrew Gagalski — Certificate of Death

Died at: Town Rock Hall — County Kent — MARYLAND

Date 1900 — Month Aug. — Day 2 — Age Y. – M. – D. 8 — Native of Md. — Occupation

Male — White — Married — Widow — Divorced

~~Female~~ — Colored — ~~Single~~ — Widower — Number of children living

~~Husband~~ of
~~Wife~~

93

Father's Name: Antone Gagalski — Mother's Name: Lizzie Williams

Cause of Death — Primary: Pneumonia — How long sick: 7 days

Immediate: Exhaustion — Accident, ~~Suicide,~~ Homicide

Reported by: W. C. Sutty, M.D.

Address: Rock Hall, Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7

Attended by Dr.________________________

of________________________

Seen by Coroner________________________

of________________________

Information contained in this certific[illegible]

ceived from________________________

of________________________

Name in Full **Sarah Graves.** — Certificate of Death

Died at **Near Still Pond** (Town) — County **Kent** — MARYLAND

Date **1900** Month **Aug** Day **1** — Age Y. **0** M. **0** D. **5** — Native of **Md** — Occupation **—**

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——————

Father's Name **Henry Graves** — Mother's Name **Aruminta Kennard**

Cause of Death — Primary **Convultions** — Immediate — How long sick **2 days** — ~~Accident, Suicide, Homicide~~

4971

Reported by **Jos. W. Urie, M.D.**

Address **Still Pond Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name In Full — Certificate of Death

Thomas Hyman Hague

Died ~~at~~ Town: Swan Creek — County: Kent — MARYLAND

Date 1900 ~~190~~ Month Day: Aug. 6 — Age Y. M. D.: 89 — Native of: Maryland — Occupation: ———

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 5

Husband of ~~Wife~~: Anna Maria Joiner

Father's Name: ———— — Mother's Name: ———— 154

Cause of Death — Primary: Senility — Immediate: ——

How long sick: 3 years

~~Accident, Suicide, Homicide~~

Reported by: J B Watson

Address: Edesville Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 79896

Name in Full — Certificate of Death

James G. W. Hart

Died at Town: The Alms House — County: Kent — MARYLAND

Date 1911 — Month: Aug — Day: 19 — Age Y.: 67 — M.: — D.: — Native of: U. S. — Occupation: Laborer

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — ~~Widow~~ — Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of Wife:

Father's Name: — Mother's Maiden Name:

~~250~~ 40

Cause of Death — Primary: Cancer of the Stomach — Immediate: " " "

How long sick:

Accident, Suicide, Homicide:

Reported by: Signed by C. W. Whaland per W M

Address: Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79906

Name in Full Erastus Jefferson

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date ~~18~~ 1908 8 . 21 Age Y. 13 M. D. Native of md Occupation none

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband / Wife of 9a

Father's Name Robert Jefferson Mother's Name Sallie Jefferson

Cause of Death { Primary Diptheria ~~xx~~ How long sick none

Immediate ''

Accident, Suicide, Homicide

Reported by Dr Cammaggs

Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65088

Name in Full Not named

Certificate of Death

Died at Quaker Neck Town Kent County MARYLAND

Date 1910 Month Aug. Day 28 | Age Y. M. 2 Mos. D. | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

~~82~~ 105a

Father's Name Jno. C. Jerome

Mother's Maiden Name

Cause of Death Primary Immediate Marasmus

How long sick from birth

~~Accident, Suicide, Homicide~~

Reported by H. L. Dodd, M.D.

Address Chestertown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Amos Marten Luther Johnson

Certificate of Death

Died at — Town: Edesville — County: Kent — MARYLAND

Date: 900 — Month: Aug — Day: 20 — Age: Y. — M. 2 — D. 5 — Native of: Md — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — Number of children living

Husband / Wife of

114

Father's Name: Daniel E Johnson — Mother's Name: Louise Johnson

Cause of Death — Primary: Occlusion gal duct — How long sick

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: J W McCleary MD

Address: Edesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66866

Name in Full Rachel Caroline Johnston

Certificate of Death

Died at Town Near Still Pond County Kent MARYLAND

Date 1900 Month Aug Day 2 | Age Y. 49 M. 6 D. 13. | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living Six

~~Husband~~ of
Wife Alexandra Johnston

Father's Name Adam Anderson

Mother's Maiden Name Matilda Ringgold

Cause of Death

Primary Duodenal Ulcer

Immediate Perforation & Peritonitis

How long sick 4 months

Accident, Suicide, Homicide

Reported by Dr. N F Pyfer 109

Address Locust Grove Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

[illegible]

Name in Full **Wm D. Keating** Certificate of Death

Died at: Town **Rock Hall** County **Kent Co.** MARYLAND

Date **1900** Month **Aug.** Day **31** | Age Y. **25** M. **3** D. **17** | Native of **Md.** | Occupation **Artist**

Male | ~~Female~~ | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living **2**

Husband ~~Wife~~ of **Anna Meddus**

Father's Name **Wm Keating** Mother's Name **Anna R. Smith**

Cause of Death: Primary **Consumption** ~~27~~ | How long sick **8 months**

Immediate **Exhaustion** | Accident, Suicide, Homicide

Reported by **W. O. Selby MD**

Address **Rock Hall Kent Co.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Fannie Neal

Certificate of Death

Died at ~~near~~ Town Millington County Kent MARYLAND

Date 190 0 Month 8 Day 25 | Age ~~Y.~~ M. 4 D. 23 | Native of Maryland | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~ ~~Born~~

Father's Name Britton Neal Maiden Mother's Name Sallie Neal

Cause of Death: Primary Cholera Infantum | How long sick about 3 days

Immediate 105 | ~~Accident, Suicide, Homicide~~

Reported by Dr W H Jacobs

Address Millington Md.

Must be signed by physician, if any in attandance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full **Infant Noblett** — Certificate of Death

Died at Town **Worton Point** County **Kent** MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1900	8	9			3	Md	

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children~~ living

Husband of Wife

Father's Name **Geo Noblett** — Mother's Name **Annie Storks**

Cause of Death — Primary / Immediate: **Heart-trouble** 79 / 57

How long sick: **few hours**

Accident, Suicide, Homicide

Reported by **W. S. Maxwell, Md.**

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name in Full Henry Peaker

Certificate of Death

Died at Town Galena County Kent MARYLAND

Date ~~189~~ 1900 Month Aug Day 1st | Age Y. 72 M. — D. — | Native of Kent Co. | Occupation Blacksmith

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Charity Peaker

Father's Name Thomas Peaker Mother's Name Louisa Peaker

Cause of Death Primary Apoplexia, Paralysis 64 ~~4?~~ How long sick

Immediate Accident, Suicide, Homicide

Reported by Edward A. Scott, M.D.

Address Galena Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Mary Hester Robinson

Died at: Town Chestertown | County Kent | MARYLAND

Date 190[illegible] Month Aug Day 6 | Age Y. 7 M. D. Days | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Wm. E. Robinson | Mother's Maiden Name Harriet E. Berry

Cause of Death: Primary | Immediate Colic | How long sick | Accident, Suicide, Homicide

1527 ~~7~~

Reported by Wm. E. Robinson

Address Chestertown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

William H Sanford

Died at Town Rock Hall County Kent MARYLAND

Date 19 00 Month Aug Day 18 | Age Y. 40 M. 6 D. 7 | Native of Md | Occupation Waterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Alice Whaland 172

Father's Name

Mother's Maiden Name

Cause of Death

Primary ~~H8~~

Immediate - Accidental drowning

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address Bartus J Elkins JP

Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name In Full | Certificate of Death

Thomas Thomas

Died at Town Broad Neck County Kent MARYLAND

Date 1900 Month Aug Day 31 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

120

Cause of Death { Primary Brights Desease ~~97~~ | How long sick

Immediate | Accident, Suicide, Homicido

Reported by signed by C. W. Whaland M.D. per W M

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Nathaniel Trusty — Certificate of Death

Died at — Town: Near Worton — County: Kent — MARYLAND

Date 1900 — Month: Aug — Day: 7 — Age Y. 65 M. – D. – — Native of Md — Occupation Laborer

Male — ~~White~~ Colored — ~~Married~~ ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 2

~~Female~~

Husband ~~Wife~~ of — Hester Miller

Father's Name — Mike Trusty — Mother's Name — Unknown

Cause of Death — Primary: Brights Disease — How long sick: 3 years

Immediate: ~~47~~ 120 — ~~Accident, Suicide, Homicide~~

47

Reported by — Jas W. Uric M.D.

Address — Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79704

Name in Full Mrs. Susan Lamb Vickers — Certificate of Death

Died at — Town: Lankford — County: Kent — MARYLAND

Date 1910 — Month: Aug. — Day: 4" — Age: Y. 74 M. D. — Native of Kent — Occupation —

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widower~~ ~~Widow~~ — ~~Divorced~~ — Number of children living 6

[redacted] of Wife: Thomas J. Vickers

Father's Name: Jacob Maslin — Mother's Name: Rosa Lamb

Cause of Death — Primary: Diabetes 5 ~~12~~ ~~28~~ — Immediate: — How long sick: — ~~Accident, Suicide, Homicide~~

Reported by John N. Dodd, Undertaker

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. Chas. W. Whaland

of Chestertown, Kent Co. Md

Seen by Coroner ——

of ——

Information contained in this certificate received

from Family

of Deceased.

Name in Full George Washington

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date 1900 Month Augt Day 21 Age Y. 56 M. D. Native of Maryland Occupation Laborer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 6

Husband / Wife of Mary Washington

Father's Name Dont know Mother's Name Dont Know

Cause of Death
Primary Valvular Disease Heart How long sick 6 months
Immediate 79 Accident, Suicide, ~~Homicide~~

Reported by J. C. Hackett

Address Millington Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jessie Wilson

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date 1900 Month Aug. Day 14 | Age Y. M. D. 3 weeks | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name E. A. Wilson Mother's Name Isa Wilson

Cause of Death { Primary Marasmus ~~84~~ 8 How long sick 2 weeks
Immediate ~~Accident, Suicide, Homicide~~

105a

Reported by J. C. Hatlett

Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, C5968

Name in Full — Daniel Wright

Certificate of Death

Died at — Town: Chestertown — County: Kent — MARYLAND

Date: 1900 — Month: Aug — Day: 11 — Age: Y. 70 M. D. — Native of: U. S. — Occupation: Laborer

Male — Married — Widow — Divorced

~~Female~~ — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name — Mother's Name

177

~~1550~~

Cause of Death — Primary: Dropsey — Immediate

How long sick

Accident, Suicide, Homicide

Reported by — Signed by C. W. Whaland M.D. per W M

Address — Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868